

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 43651

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 2042 Registrar's No. 441

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY	Maricopa	a. STATE	Mo b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) Hannibal	c. LENGTH OF STAY (in this place) 1	c. CITY (If outside corporate limits, write RURAL and give township) Hannibal
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d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2107 Gordon St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Ma		Johnson		19	8	1967

5. SEX M	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9-16-1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 1 YEAR Hours Min.
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<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</p>	<p>10b. KIND OF BUSINESS OR INDUSTRY</p>	<p>11. BIRTHPLACE (State or foreign country)</p>	<p>12. CITIZEN OF WHAT COUNTRY?</p>
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13a. FATHER'S NAME Lawrence Kaul	13b. MOTHER'S MAIDEN NAME =	14. NAME OF HUSBAND OR WIFE Wm Johnson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
(If yes, give war or dates of service)		Mr. T. J. [Signature]	2107 [Address]

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	INTERVAL BETWEEN ONSET AND DEATH
	Coronary Thrombosis	

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the direct cause of death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial Insufficiency

case, injury, or complication which caused death.	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS	
	Conditions contributing to the death but not related to the disease or condition causing death.	410X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
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21d. TIME OF INJURY	(Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-20, 1950 to 12-9, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. Q. Fox, M.D.</i>	(Degree or title)	23b. ADDRESS <i>Sanibel Mo.</i>	23c. DATE SIGNED <i>12-22-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	12-13-50	Robinson Cem.	Hannibal	MO

DATE REC'D BY LOCAL 1-12-51	REGISTRAR'S SIGNATURE Dr. E. M. Lucke Deputy	25. FUNERAL DIRECTOR'S SIGNATURE Geo E Koberle	ADDRESS Narmuthal Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

JAN 18 1951

HEALTH DEPT.

DATE FILED JAN 20 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Geo. E. Roberts

Licensed Embalmer No. 2113

P. O. Address

Hannibal Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.